Protocol to be followed after Needlestick Injury or Blood/Body Fluid Exposure

1. **First Aid:**
   - Contaminated Intact Skin- wash the area with soap and water.
   - Contaminated Eyes - Gently rinse the eyes while open with Saline or water.
   - Contaminated Mouth- Spit out any fluid- rinse the mouth and spit out again.

2. **Report and Document:**
   The exposure so that appropriate investigations and treatment are initiated.

3. **Blood Testing:** (consent required).
   Health Care Worker: Hep B Status, HIV, Hep C Status
   Source: Hep B Status, HIV, Hep C Status.

4. **Immediate Action:**
   Assess risk of transmission of infection to the exposed person and initiate treatment according to risk.
   - If the patient is known to be HIV positive, high risk or “unknown” then the exposed Health Care Worker should be given counseling and offered Post Exposure Prophylaxis (PEP).
   - PEP drugs if required should be given within 1-2 hours and up to 72 hours following exposure. The earlier PEP is commenced, the more effective it may be.
   - Refer to an infectious diseases consultant if the exposure is high risk.

5. **Further Action:**
   If status of Patient and Health Care Worker is unknown and immune status can’t be obtained within 48 hours then give:
   - Hepatitis B. Immune Globulin
   - Hepatitis B. Vaccine (first dose)
   - If Health Care Worker is HBV immune then no further Hep B Vaccine required. Check Hep B antibody titre of Health Care Worker, if low give Hep B booster.
   - If the H.C.W. is not HBV immune or HBV susceptible, then treat with Hyperimmune Hep B Immunoglobulin and offer Hep vaccine course.
   - Give dTpa if indicated and advise safe sex until blood test results and source history are reviewed.

6. **Follow Up:**
   a. Complete the course of hepatitis B vaccine.
   b. Follow up HIV serology 6 weeks and 3 months.
   c. Complete Workcover/Adverse Outcome report and medical records.

Resources:
RACGP Infection Control Guidelines – 4th Edition
Brisbane South Division of General Practice.

Reviewed February 2011

Whilst every reasonable effort has been made to ensure that the information given in this guide/document/resource is accurate, Tasmania Medicare Local will not accept liability for any injury, loss or damage arising directly or indirectly from any use or reliance on this information.